This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation is identified below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owner and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID No.: PAR000502922

Installation Address: ACCUCORP 10101 ROOSEVELT BLVD PHILADELPHIA, PA 19154

Mailing Address: 10101 ROOSEVELT BLVD PHILADELPHIA, PA 19154

Attn: ALMA DICKERSON, DIRECTOR OF HR

Press refer to decreary, Disably. Line Instructions for Completing EPA Form State 12: belong to the Completing Chief Syris. The Internation of the Committee Committee

Notification of Regulated Waste Aleivity

Date Received (For Official Use Only)

United States Environmental Protection Agency the Assource Companyation Riccopyly Act) Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number B. Subsequent Notification A. Initial Notification (Complete from C) ili. Name of installation (include company and specific site name) III. Location of installation (Physical address not P.O. Box or Route Number) Street Street (Continued) Zip Code State City or Town County Name County Code IV. installation Mailing Address (See Instructions) Street or P.O. Box а Stato Zip Code Chy of Town V. Installation Contact (Person to be contacted regarding waste activities at alte). (First) Name (Last) ERSO Job Title Phone Number (Area Code and Number) VI. Installation Contact Address (See Instructions) B. Street or P.O. Box State Zip Code City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner Street, P.D. Box, or Route Number State City or Town Zip Code Date Changed Month Day Ye B. Land Type C. Owner Type C. Change of Owner indicator Phone Number (Area Code and Number) Nσ

	D. For Gillen Van Goly
VIII. Type of Regulated Waste Activity (New Y In the appropriate boxes. Refer to Ins	
A. Hazandous Waste Activities	C. Used QII Management Activities
1: Gisserator (See Instructions)	T. Used Oil Transporter/Transfer Facility indicate Type(s) of Activity(les) L. Transporter D. Transfer Facility D. Transfer Type(s) of Activity(les) E. Processor D. Re-refiner D. Re-refiner D. Re-refiner D. Marketer Who Directs Shipment of Oil Surrier Who Directs Shipment of Oil Surrier Who Directs Shipment D. Marketer Who First Citims the Used Oil Means the Specifications
B, Universal Weste Activity	
Large Quantity Itandier of Universal Wapte	
DC Description of Hazardous Wastes (Use additional sheats if measure) A. Listed Hazardous Wantes. (See 40 CFH 201.31 - 33; See Instructions If you need to	(la) mare than 12 Heatle codes.)
1 2 8 4 FOO3 DOOL DOOL DOO2	Foos III
B. Characteristics of Nonlisted Hazertonis Wastes. (Aleit X' in the boxes correspond nonlisted hazertone wastes your installation handles: See 40 CFH Parts 2d 1.20 - 20 1. to list more then 4 toxicity characteristic waste codes.) (List specific EPA hazerdous weste number(s) to 1 igrapable 2. Corresive 3. Restive 4.Toxicity	RI; Soe Instructions II you need
(2001) (2002) (2003) Shimeturistic I	
C-Other Wastes: (State-regulated or other wantes requiring a familier to have an 1:0. n	imber; See keinbetlens.)
I certify under pensity of law that this document and all attachments were propared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complets. I am aware that there are significant pensities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Signature Name and Official Title (Type or pri	nt) Date Signed
Mlm of All Director of N.C., Safety	1, bnuho 6/6/01
Please call (215) 671-1400 EXT 2120	11.46 #
Note: Mail: completed form to the appropriate EPA Regional or Statu Office. (See Section)	

Ban/43/6.6.01

ID - For Official Usin Only

EPA Form 8700-12 (Rev. 12/99)

FAX

Н

To: Lisa - DEP

Fax #: (215)814-3114

Subject: EPA ID #

Pages: 4.

Rease call with Fax off.

From the desk of ...

Alma Dickerson

Director of Human Resources, Safety, Environmental and Security Accucorp/Delavau 10101 Roosevelt Blvd. Philadelphia, PA 19154

> 215-871-1400 Fax: 215-871-1487